UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES **PURSUANT TO REGULATION D.** SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



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Convertible Note	(/	d, and indicate change.)
Filing Under (Check box(es) the	at apply): 🔲 Rule 504 🔲 Rule 505 🕱	Rule 506 Section 4(6) ULOE
Type of Filing:	3 Amendment	
	A. BASIC IDENTIFICATIO	N DATA
1. Enter the information reques		
Name of Issuer (check if t	this is an amendment and name has changed, a	and indicate change.)
FastShip. Inc.		
Address of Executive Offices	(Number and Street, City, State, Zi	ip Code) Telephone Number (Including Area Code)
1700 Market Street,	Suite 2720 Philadelphia, PA 19	103 (215) 574-1770
Address of Principal Business ((if different from Executive Of	Operations (Number and Street, City, State, Zifices)	ip Code) Telephone Number (Including Area Code)
Brief Description of Business	•	PROCESSED
Commercial cargo vess	el design and operation.	
		UN 2 0 2005
Type of Business Organization © corporation	☐ limited partnership, already formed	THOMSON Other (please special LANCIA)
business trust	☐ limited partnership, to be formed	FWAMORE
Actual or Estimated Date of Ir Jurisdiction of Incorporation o		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Fallure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equire securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Beneficial Owner TEXEcutive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Pederson, Einar Business or Residence Address (Number and Street, City, State, Zip Code) 1700 Market Street, Suite 2720 Philadelphia, PA 19103 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Bullard II, Roland K. Business or Residence Address (Number and Street, City, State, Zip Code) 1700 Market Street, Suite 2720 Philadelphia, PA 19103 ☐ Beneficial Owner ☑ Executive Officer Check Box(es) that Apply: Promoter Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Chambers, Kathryn Riepe Business or Residence Address (Number and Street, City, State, Zip Code) Philadelphia, PA 19103 1700 Market Street, Suite 2720 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) <u>Giles, David L.</u> Business or Residence Address (Number and Street, City, State, Zip Codé) 1700 Market Street, Suite 2720 Philadelphia, PA 19103 ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director Managing Partner Full Name (Last name first, if individual) Colgan, Dennis Business or Residence Address (Number and Street, City, State, Zip Code) 1700 Market Street, Suite 2720 Philadelphia, PA 19103 □.General and/or Check Box(es) that Apply: □ Executive Officer □ Director ☐ Promoter ☑ Beneficial Owner Managing Partner. Full Name (Last name first, if individual) Riverfront Development Corporation Business or Residence Address (Number and Street, City, State, Zip Code) 701 North Broadway, Glouchester City, NJ 08030 ☐ General and/or ☑ Beneficial Owner Check Box(es) that Apply: Promoter ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Dunn, David E. Business or Residence Address (Number and Street, City, State, Zip Code) Palton Boggs LLP, 2550 M Street, NW, Washington, DC 20037 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA . * ...

Each promoter of the issuer, if the issuer has been organized within the past five years;

2. Enter the information requested for the following:

1. Has th	ie issuer so	ld, or doc	s th e issu e	er intend t	o sell, to i	non-accred	ited invest	ors in this	offering?			Yes	No
			Ans	wer also in	Appendi:	x, Column	2, if filing	under UI	LOE.				垣
2. What	is the mini	mum inve	stment the	ut will be	accepted fi	rom any ir	dividual?	• • • • • • • • •	•		•••••	\$10.0	200
												Yes	
				rship of a								₽:	No □
sion of to be l list the	r similar rer isted is an e name of t	nuneration associated the broker	n for solici person or or dealer.	ach person tation of p agent of a If more to trmation f	urchasers i a broker o han five (:	in connecti r dealer re 5) persons	on with sal gistered wi to be listed	es of secur th the SEC i are associ	ities in the and/or w	offering. I with a state	f a person		
Full Name	(Last name	first, if i	ndividual)				" 		·				 .
N/A													
Business or	Residence	Address (Number a	and Street.	City, Stat	e. Zip Co	de)						
		,			0.0,, 0	,,							
Name of A	ssociated E	Broker or	Dealer				······································						
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States in W						*							
(Check "	'All States'	or check	individua	il States) .	• • • • • • • • • • • • • • • • • • • •	•,•••••	• • • • • • • • • • • • • • • • • • • •	••••	• • • • • • • •	• • • • • • • • •	• • • • • •	All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL] [MT]	[IN]	[IA] [VN]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[RI]	[SC]	[SD]	[NT]	[TX]	[UT]	[YT]	[VA]	[WA]	[WV]	[MI].	[WY]	[PR]	
Full Name	(Last nam	e first, if	individual)			·	· · · · · · · · · · · · · · · · · · ·		······································			
N/A					•				•				
Business or	r Residence	Address	(Number	and Street	, City, Sta	ite, Zip Co	ode) -						
								•			•		•
Name of A	Ssociated	Broker or	Dealer										
				 									
States in V										•		□ All S	States
(Check	"All States [AK]	or chec	k individu [AR]	al States) [CA]	[co]		(DE)	[DC]	(FL)	[GA]	[HI]	[ID	
[IL]	[[NI]	[[IA]	[KS]	[KY]	[LA]	(CT) [ME]	[MD]	[MA]	(MI)	[MN]	[MS]	[MO	
[MT]	[NE]	[NV]	[NH]	[[[[]	[MM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA	
[RI]	[SC]	[SD]	[NT]	[XX]	נענו	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	(PR	1
Full Name	(Last nan	ne first, if	individua	1)			· · · · · ·						
N/A										·			
Business o	or Residenc	e Address	(Number	and Stree	t, City, St	ate, Zip C	ode)						
	٠				•				,			·	
Name of	Associated	Broker o	r Dealer			•							
States in 1	Which Per	son Licrad	Hac Soli	cited or In	tende to S	olicit Pur	hacere						
				ual States)			m.eu					☐ All	States
[AL]	[AK]	(AZ)	(AR)	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	
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25 STATE BY BUREAU REPARENCE ABOUT OFFERING WAY AND

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	æ	Amount Aiready Sold
	Debt	\$		<u>s.</u>
	Equity	\$ <u>·</u>		S
	□ Common □ Preferred	•		•
	Convertible Securities (including warrants)			
	Partnership Interests	\$	_	\$
	Other (Specify)	\$		\$
	Total	\$_150,000		s 150.000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number		Aggregate Dollar Amount
		Investors		of Purchases
	Accredited Investors	•		\$ 150,000
	Non-accredited Investors			
	Total (for filings under Rule 504 only)	-	_	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Town of		Dollar Amount
	Type of offenng	Type of Security		Sold
	Rule 505			<u> </u>
	Regulation A	. · <u></u>		\$
	Rule 504	<i></i>		s
	Total			S
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•		•
	Transfer Agent's Fees			s
	Printing and Engraving Costs	•••••		\$
	Legal Fees		Ø	s_1,000
	Accounting Fees	•••••		S
	Engineering Fees	•••••		S
	Sales Commissions (specify finders' fees separately)	****		\$
	Other Expenses (identify)			\$
	Total			1,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

tio	in and total expenses furnished in response to iljusted gross proceeds to the issuer."	Part C - Question	4.a. This difference	is th	•	5 ,149 , 000
tis:	licate below the amount of the adjusted gross of for each of the purposes shown. If the amounte and check the box to the left of the estimate adjusted gross proceeds to the issuer set forth	ount for any purpose	e is not known, furni payments listed must	sh ar	ı I	
•					Payments to Officers, Directors, & Affiliates	Payments To
•	Salaries and fees			হা :	30,000	20,000
	Purchase of real estate					
•	Purchase, rental or leasing and installation o					
	Construction or leasing of plant buildings an					
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	e value of securities te assets or securities	involved in this s of another			
	Repayment of indebtedness	,			S	🗆 S
	Working capital				s	S 99.000
	Other (specify):					
						s
	Column Totals	,		. 🛮		
	Total Payments Listed (column totals added	.)	••••••		₹ 3 \$.	149,000
		D. FEDERAL SIG	GNATURE		· · · · · · · · · · · · · · · · · · ·	
follor	ssuer has duly caused this notice to be signed by ving signature constitutes an undertaking by the of its staff, the information furnished by the	e issuer to furnish to	the U.S. Securities	and E	xchange Com	mission, upon written re
Issue	(Print or Type)	Signature	<u> </u>		I.	are
Fas	tShip, Inc.	1 Suchar 1	Rupe Cube	4		6-14-2005
Nam	e of Signer (Print or Type)	Title of Signer	(Print or Type)			
	hryn Riepe Chambers	1	ice President		•	

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	•		4.		•	•			
1. Is any pa	uty described in	17 CFR 230.252(e), (d), (e) or (1	n presently subject	to any of the	disqualification r	x ovisions	Yes	No
or som :	witte 4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	• • • • • • • • • • • • • • •		•••••	• • • • • • • • • • • •	-	• • • • • • • • • • • • • • • • • • • •	u	· 428

PULL COMPANY AND STATE SIGNATURE OF THE PURPOSE OF

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
FastShip, Inc.	Koly Pape Cerous	6-14-2005
Name (Print or Type)	Title (Print or Type)	
Kathryn Riepe Chambers	Executive Vice President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice of Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3			4		*****	\$25.00 X 4 3 1 1
	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)		•			Disqualification under State ULOR (if yes, attach explanation of waiver granted)	
State	Yes	No		Number of Accredited Investors		Number of Non-Accredited		(Part E	-Item I)
AL				THI COLORS	Amount	Investors	Amount	Yes	No
AK		·			·				
AZ					•				· · ·
AR									
CA									
СО				·					
СТ				·					
DE									
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	Intend to non-a	ccredited in State	Type of security and aggregate offering price offered in state (Part C-Item1)	Type of investor and amount purchased in State (Part C-Item 2)				Disquali under Sta (if yes, explana waiver ((Part E	fication te ULOE attach tion of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МТ								·	
NE			•						
NV									
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